

DEFINITIONS

Challenging Behavior means actions by the individual that constitute a threat to the individual's health and safety, the health and safety of others in the environment, persistent pattern of behaviors that inhibit the individual's functioning in public places and integration within the community, or uncontrolled symptoms of a physical or mental condition. These behaviors may have been present for long periods of time or have manifested as an acute onset.

Chemical Restraint means administration of psychoactive drugs to prevent or limit challenging behavior and to protect a person from seriously harming self or others.

Exclusionary Time Out means the removal of a person from a situation where positive reinforcement is available to an area where it is not contingent on the occurrence of specific behavior. Exiting the area is prevented. *This is a restrictive procedure that is permitted only by Exception to Policy (ETP) approved by the Division Director.*

Mechanical Restraint means applying a device or object, which the person cannot remove, to the person's body that restricts his/her free movement.

Restraint means any one of numerous methods used to limit a person's freedom of movement or immobilize the person. This includes using a device (mechanical restraint), garment, maneuver (physical restraint), drug (chemical restraint) or restriction of space (exclusionary time out) to physically control, subdue, and/or calm a person who exhibits behavior that presents a risk of harm to self, others or property.

Time Out Room means an empty room in which reinforcement is not available and that is specifically set aside and constructed for the purpose of exclusionary time out.

POLICY

- A. Individuals have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and which are not required to treat the person's medical symptoms.
- B. Restraints may be used only as part of a person's Individual Habilitation Plan (IHP) or Individual Plan of Care (IPOC) and in conjunction with active approaches to habilitation and Positive Behavior Support planning. Restraints shall not be used as a substitute for appropriate programs or active treatment.
- C. All types of restraints must be removed when the person no longer presents a risk of harm to self or others.
- D. All actions involving use of restraints shall be documented in the person's record as required by this policy.

E. Conditions Under Which Restraints May Be Authorized

Each RHC and community ICF/MR must have written procedures that describe the circumstances that must exist before restraints may be used. Restraints may only be authorized when there is evidence and written documentation that less restrictive means have proven ineffective in the management of a person's challenging behavior(s), and when any of the following conditions exist:

1. A behavioral crisis or emergency in which the person's behavior seriously and imminently endangers his/herself, others, or property; **or**
2. An approved Positive Behavior Support Plan (PBSP) which is part of the person's IHP/IPOC and specifies the use of restraints; **or**
3. The person does not comply with a specific medical treatment or measure(s) to control the spread of infection, which is necessary for the person's health and protection; **or**
4. Restraint has been used for routine medical or dental examinations or treatment under the direct supervision of the health care professional and the Interdisciplinary Team (IDT) has developed a plan to decrease the use of such restraints (refer to DDD Policy 5.15, *Use of Restrictive Procedures*).

F. Personnel Responsible for Authorization of Restraint Use

1. Each RHC and community ICF/MR must have written procedures detailing the staff who may authorize the type and use of restraints. Interdisciplinary Team (IDT) authorization is required for all restraint use. However, in the case of emergencies where the IDT is not immediately available, the following staff may authorize restraints:
 - a. Qualified Mental Retardation Professional (QMRP);
 - b. Physician or Physician's Assistant;
 - c. ARNP;
 - d. RN; and
 - e. Dentist (for dental procedures only).
2. For emergency procedures, the QMRP must authorize the least restrictive response to manage the crisis. The QMRP shall document the authorized

procedure, the justification for its use, and the length of time the procedure may be implemented. A QMRP cannot authorize the use of time out rooms.

3. Where a chemical restraint is appropriate, its use must be ordered by a physician or Advance Registered Nurse Practitioner (ARNP) or by a dentist for dental treatment. The ordering physician/ARNP/dentist must document in writing the reason for the prescribed restraint. The ordering physician, dentist, or registered nurse (RN) may administer a psychoactive restraint. Nursing orders must be issued to indicate possible medication side effects and to direct staff's monitoring and reporting of such reactions.

PROCEDURES

- A. Each RHC and community ICF/MR must have written procedures describing in detail the types of mechanical and chemical restraints, and other restrictive interventions that may be used in accordance with DDD Policy 5.15, *Use of Restrictive Procedures*.
- B. Mechanical Restraints
 1. Mechanical restraint in a prone position (i.e., the person is lying on his/her stomach) is strictly prohibited.
 2. All restraint use shall be documented in the person's record. This includes:
 - a. Justification for use of the restraint (i.e., events immediately preceding the behavior which precipitated the use of the restraint);
 - b. Type of restraint;
 - c. The frequency and duration of each use;
 - d. The person's reaction to the restraint, including physical and mental state upon release from restraint;
 - e. The staff involved in implementing the restraint; and
 - f. The name(s) of the QMRP and/or other staff responsible for authorizing the procedure and monitoring the person during the restraint.
 3. Restraint can be authorized for a period not to exceed twelve (12) consecutive hours, except if ordered for medical purposes by a physician or physician's assistant or ARNP, in which case such restraint can be ordered for a period not to exceed 72 hours.

4. Authorization must be obtained before the individual is restrained, except for emergency situations when authorization must be obtained as soon as possible after the restraint is initiated, not to exceed eight (8) hours.
5. An individual in any mechanical restraint must be under continuous visual supervision by a staff person.
6. An individual placed in restraint must be checked at least every thirty (30) minutes by trained staff for continued proper application of the restraint and to assure good circulation. This includes checking vital signs.
7. Opportunities for motion, toileting, fluids, and exercise must be provided for a period of not less than ten (10) minutes for every two (2) hours the person is placed in restraints. The time period can be no more than 110 minutes without a break.
8. A complete authorization must be a part of the person's IHP and PBSP, be consented to by the person and/or his/her legal representative or parent, and approved by the IDT, the facility administrator, and the facility's Human Rights Committee (HRC).

C. Chemical Restraints

Some people who exhibit mood or other psychiatric disorders may be appropriately treated by the administration of psychoactive medications. The use of such medications or other drugs for the management of challenging behavior must adhere to the requirements of DDD Policy 9.02, *Administration of Psychotropic/Neuroleptic Drugs and Other Medications for Behavior Management or Treatment of Mental Illness*. Use of such medications must be:

1. Authorized only as specified in Policy Section F.3 above and, except in an emergency, accompanied by an approved PBSP which describes the behaviors that indicate a psychoactive medication may be warranted.
2. Monitored by qualified staff for desired responses and possible side effects or adverse reactions.
3. Documented in the person's record, with informed consent by the person and/or his/her legal representative, and approved by the IDT, the facility administrator, and the facility's Human Rights Committee.
4. The use of chemical restraints on a standing order basis (i.e., *prn*) is prohibited.

D. Emergency Use of Mechanical or Chemical Restraints

1. If mechanical or chemical restraints are prescribed in an emergency, the QMRP shall determine whether to convene the IDT for a review and discussion of the person's challenging behavior. If mechanical or chemical restraints are used on an emergency basis more than three (3) times in a six (6) month time period, a functional assessment must be conducted and, if warranted, a PBSP developed.
2. An incident report must be submitted to the RHC Superintendent or facility administrator whenever restraints are used in an emergency.

E. Exclusionary Time Out

1. Exclusionary time out, where a person is removed from an area with reinforcement to an area where reinforcement is not available and the person is prevented from leaving (i.e., a time out room), is a restrictive procedure that is permitted only by an Exception to Policy (ETP) approved by the Division Director. Refer to DDD Policy 5.15, *Use of Restrictive Procedures*, for additional requirements concerning time out rooms.
2. Time out rooms may be used only under the following conditions:
 - a. The room is adequately lighted, ventilated and heated, and is free of hazards;
 - b. The person is visually monitored by staff on a continual basis. Bedrooms, bathrooms, and closets shall not be used as time out rooms;
 - c. No area that places a person at risk shall be used as a time out room;
 - d. The door, if secured by a mechanical device, must be held continuously by a staff person during the time the person is in time out. The device should open automatically when not held. This procedure must be part of an approved PBSP.
 - e. Placement of a person in a time out room must not exceed one (1) hour.
3. All use of exclusionary time out must be documented in the person's record. This documentation must describe the specific procedure used, the person's behaviors leading to time out, frequency and duration of use, the staff involved, and the name(s) of the QMRP and/or other staff responsible for authorizing the procedure and monitoring the person during time out.

EXCEPTION

No exceptions to this policy may be granted without the prior written approval of the division director.

SUPERSESION

DDD Policy 5.11
Issued September 1, 2005

DDD Policy 5.11
Issued April 1, 2003

DDD Policy 5.11
Issued January 28, 1994

Policy Directive 340.5
Issued November 1986

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: February 1, 2009